

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024774

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 131

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CARTHAGE

Length of stay in 1b
2 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HOME NURSING CENTER

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER

c. CITY OR TOWN CARTHAGE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
HOME NURSING CENTER

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First MARIE

Middle LENA

Last CARMAN

4. DATE OF DEATH

Month JUNE

Day 28

Year 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-21-01

9. AGE (last birthday)

62-61

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY
HOUSEWIFE

11. BIRTHPLACE (City and state or country)
ASHTON, ILLINOIS

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

CORNELIUS CORDEZ

13b. MOTHER'S MAIDEN NAME

ANNA GEYES

14. NAME OF HUSBAND OR WIFE

CLARENCE FRANKLIN CARMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO. 47

17. INFORMANT Address
EUGENE C. CARMAN, CARTHAGE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Breast with extensive metastases-

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

Since 1962 +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6/28/63

8:45 P.

to 6/28/63

Patient was seen by me for Dr. Frank Brenner. 6/28/63

22a. SIGNATURE

(Signature or title)

M.D.

22b. ADDRESS

211 E. CHESTNUT, CARTHAGE, MO 6-29-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE

JULY 1, '63

23c. NAME OF CEMETERY OR CREMATORY

RIVERVIEW CEMETERY

23d. LOCATION (City, town, or county)

OREGON, ILL.

(State)

24. FUNERAL DIRECTOR

ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG.

6-29-63

26. REGISTRAR'S SIGNATURE

E. E. Clinton

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *Frank Brenner*

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

10497

20497

3

4 1

5 2

6

7 1

8 0

9 170X

10

11

12 86-0

13 3-0

DATE AMENDED

7-12-63

6-2

61

9

157500-000

JUL 8 1963
JUL 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.